



575 Broad Hollow Road, Melville, NY 11747  
TEL: (631) 694-3040 FAX: (631) 420-8436  
www.pacelabs.com

## Laboratory Results

Results for the samples and analytes requested  
The lab is not directly responsible for the integrity of the sample before  
receipt at the lab and is responsible only for the certified tests

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Supt. McCuen

Federal ID : 5103704

Lab Project No. : 70133131

Received :06/03/2020 4:25

Sample Type :Drinking Water

Date Reported: 06/04/2020

Lab	Location	Collected	Units Metho Limits	<u>E.coli</u>	<u>Total Coliforms</u>	<u>Field Residual</u>
				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
70133131001	HB27	6/3/2020 8:45:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.77</b>
Routine Distribution	Suffolk Cty. Hwy. Dept. North Hwy.	Collected by: CLIENT		6/4/2020 12:26:00 PM	6/4/2020 12:26:00 PM	6/3/2020 8:45:00 AM
70133131002	HB2	6/3/2020 8:06:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.88</b>
Routine Distribution	R. Loetscher Wakeman Rd.	Collected by: CLIENT		6/4/2020 12:26:00 PM	6/4/2020 12:26:00 PM	6/3/2020 8:06:00 AM
70133131003	HB3	6/3/2020 7:45:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.54</b>
Routine Distribution	U.S.C.G. Foster Ave.	Collected by: CLIENT		6/4/2020 12:26:00 PM	6/4/2020 12:26:00 PM	6/3/2020 7:45:00 AM
70133131004	HB4	6/3/2020 8:15:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.78</b>
Routine Distribution	H.B. Elem School Ponquogue Ave.	Collected by: CLIENT		6/4/2020 12:26:00 PM	6/4/2020 12:26:00 PM	6/3/2020 8:15:00 AM
70133131005	HB5	6/3/2020 8:30:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.85</b>
Routine Distribution	H.B. High School Argonne Rd.	Collected by: CLIENT		6/4/2020 12:26:00 PM	6/4/2020 12:26:00 PM	6/3/2020 8:30:00 AM
70133131006	HB6	6/3/2020 9:00:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.79</b>
Routine Distribution	Strong Oil Montauk Hwy. East	Collected by: CLIENT		6/4/2020 12:26:00 PM	6/4/2020 12:26:00 PM	6/3/2020 9:00:00 AM

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

### Treatments

A = Air Stripper  
FM = Iron/Manganese Removal  
N = Nitrate Removal  
G = Granular Activated  
O = Other

Test results meet the requirements of NELAC  
unless otherwise noted.

This report shall not be reproduced except in full,  
without the written approval of the laboratory.

Kimberley Mack

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				N/A SM22 9223B Colilert Absent	N/A SM22 9223B Colilert Absent	mg/L 4
<b>70133131007</b>	HB7	6/3/2020 9:20:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.80</b>
Routine Distribution	SO. Town Parks & Rec	Collected by: CLIENT		<b>6/4/2020 12:26:00 PM</b>	<b>6/4/2020 12:26:00 PM</b>	<b>6/3/2020 9:20:00 AM</b>
<b>70133131008</b>	HB8	6/3/2020 9:50:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.69</b>
Routine Distribution	B. McCormack Bittersweet Ave.	Collected by: CLIENT		<b>6/4/2020 12:26:00 PM</b>	<b>6/4/2020 12:26:00 PM</b>	<b>6/3/2020 9:50:00 AM</b>
<b>70133131009</b>	HB9	6/3/2020 7:30:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.61</b>
Routine Distribution	SO. Town Highway Dept. Jackson Ave.	Collected by: CLIENT		<b>6/4/2020 12:26:00 PM</b>	<b>6/4/2020 12:26:00 PM</b>	<b>6/3/2020 7:30:00 AM</b>
<b>70133131010</b>	HB10	6/3/2020 10:10:00	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.64</b>
Routine Distribution	Pete's Deli Montauk Hwy. West	Collected by: CLIENT		<b>6/4/2020 12:26:00 PM</b>	<b>6/4/2020 12:26:00 PM</b>	<b>6/3/2020 10:10:00 AM</b>
<b>70133131011</b>	HB11	6/3/2020 9:35:00 AM	Analysis Time	<b>Absent</b>	<b>Absent</b>	<b>0.51</b>
Routine Distribution	Riverhead Building Supply Montauk Hwy. West	Collected by: CLIENT		<b>6/4/2020 12:26:00 PM</b>	<b>6/4/2020 12:26:00 PM</b>	<b>6/3/2020 9:35:00 AM</b>

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

Treatments

A = Air Stripper  
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**WorkOrder :**

70133131

## Laboratory Certifications

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**Pace Analytical Services Long Island**

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158

Pennsylvania Certification #: 68-00350

Connecticut Certification #: PH-0435

Maryland Certification #: 208

Rhode Island Certification #: LAO00340

Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987

WO#: 70133131



70133131

PO BOX 1013  
HAMPTON BAYS, NEW YORK 11946  
(631) 728-0179

**Client Info:**

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: PO BOX 1013  
HAMPTON BAYS, NEW YORK 11946  
(631) 728-0179

Phone #: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Proj. # or (Name): \_\_\_\_\_  
Bill To: \_\_\_\_\_  
Copies To: \_\_\_\_\_

**Sample Request Form  
PUBLIC WATER SUPPLIER**

*Back in LAB 1625*

☐ WELL OFF LINE

☐ WELL RUN TO SYSTEM

Date: 6-3-20

Collected By: K. TOTHILL

Accepted By: *Loxley 6-3-20*

Cooler Temp: 12.55 °C

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

**Sample Types**

PW - Potable Water  
GW - Groundwater  
SW - Surface Water  
WW - Waste Water  
AQ - Aqueous  
S - Soil

**Purpose**

RO - Routine  
RE - Resample  
S - Special

**Origin**

D - Distribution  
RW - Raw Well  
TW - Treated Well  
T - Tank  
MW - Monitoring Well  
I - Influent  
E - Effluent

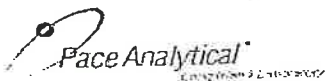
**Treatment Types**

AST - Air Stripper  
GAC - Granular Activated Charcoal  
N - Nitrate Removal Plant  
FE - Iron Removal Plant  
O - Other

**Sample Info:**

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl <sub>2</sub> pH/Temp	Analysis	Lab No.
8:45 AM 6-3-20	PW	#27	D	-	RO	7.77	BACT w/c	
8:10 AM 6-3-20	PW	#2	D	-	RO	7.88	BACT w/c	
7:45 AM 6-3-20	PW	#3	D	-	RO	7.54	BACT w/c	
8:15 AM 6-3-20	PW	#4	D	-	RO	7.78	BACT w/c	
8:30 AM 6-3-20	PW	#5	D	-	RO	7.85	BACT w/c	
9:00 AM 6-3-20	PW	#6	D	-	RO	7.79	BACT w/c	
9:20 AM 6-3-20	PW	#7	D	-	RO	7.80	BACT w/c	
9:50 AM 6-3-20	PW	#8	D	-	RO	7.69	BACT w/c	
7:30 AM 6-3-20	PW	#9	D	-	RO	7.61	BACT w/c	
10:10 AM 6-3-20	PW	#10	D	-	RO	7.64	BACT w/c	
9:30 AM 6-3-20	PW	#11	D	-	RO	7.51	BACT w/c	

Remarks:



## Sample Condition Upon Receipt

WO#: 70133131

Client Name:

Project

PM: KMM

Due Date: 07/03/20

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☒ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☒ NoSeals intact: ☐ Yes ☒ NoPacking Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Thermometer Used: TH091

Correction Factor: +0.2

Cooler Temperature (°C): 2.4

Cooler Temperature Corrected (°C): 2.6

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)

Date and Initials of person examining contents: WJK 6/3/20

Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ NoDid samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NO

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

			COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	10.
Containers Intact:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	12.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
-Includes date/time/ID/Analysis Matrix SL WT OIL			
All containers needing preservation have been checked	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #			Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH > 9 Sulfide, NaOH > 12 Cyanide)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis			Initial when completed: Lot # of added preservative: Date/Time preservative added
Samples checked for dechlorination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #			Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #			
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):			

Client Notification/ Resolution:

Field Data Required?

Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: